

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018154

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11	3					
12	3					
13	3					
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50						
TOTAL IND.	/					
TOTAL DEP.	26					
TOTAL CLAIMS	27					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS